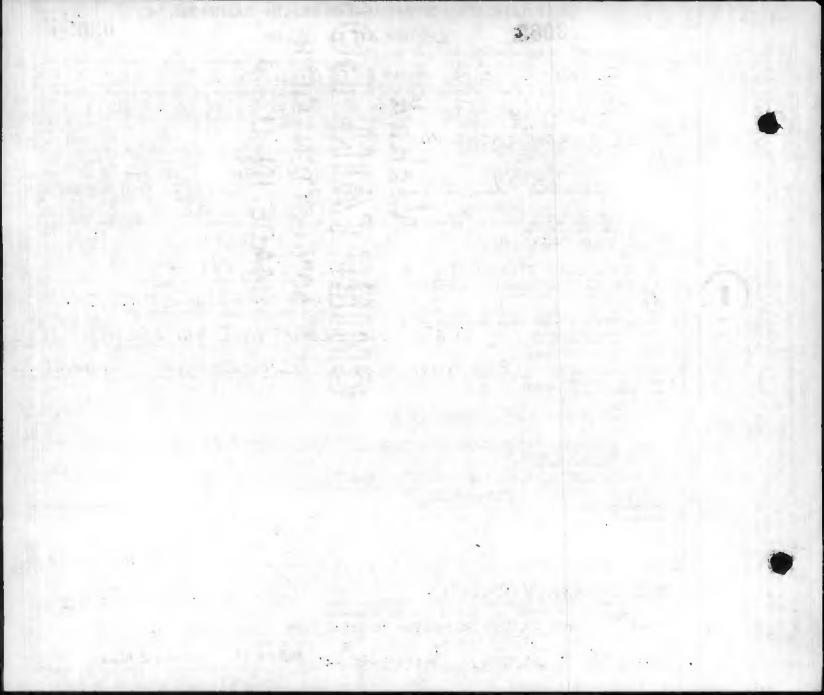
VS A15 (4) 15M 9/58

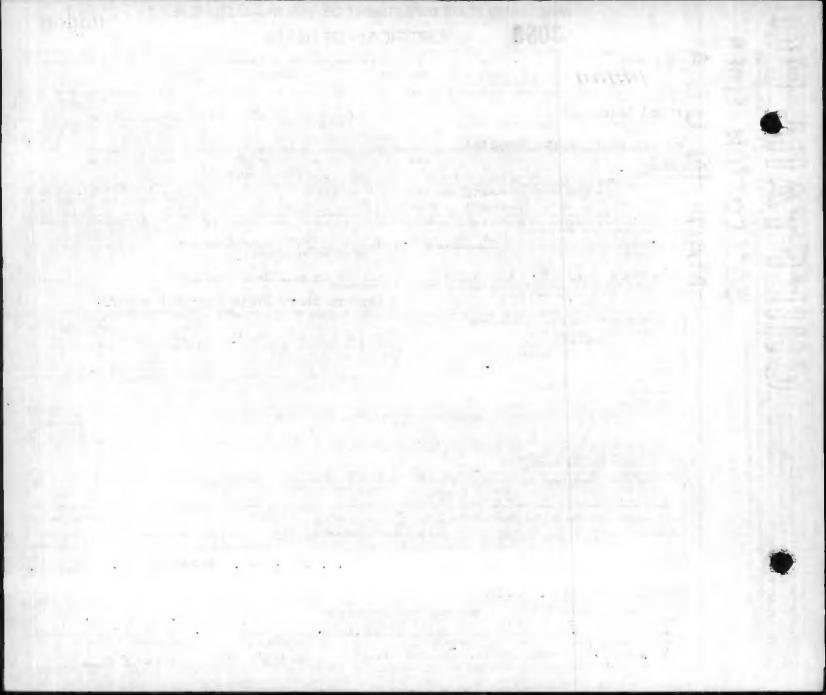
3082	CERTIFICATE	OF DEATH	Reg. Dist	13059
1. PLACE OF DEATH DORCHESTE	R, MARYLAND 2.1	JSUAL RESIDENCE (Where deceases a STATE MAZY CAP	11	before odmission) HESTER
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	From 2/24/59	:. CITY OR TOWN-Alf-butside corp	orote limits, write RURAL and gir	ve nearest town)
d. NAME OF HOSPITAL (IF hos in hospital give street OR INSTITUTION EOLS TEZN SHOZEST		d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HENRY	Lake 7	FOURAN. 4. DATE OF DEATH	Month MORTEH	26 1959
M. WIDOWE	DIVORCED	2-14-1871.	last birthday) Manths E	YEAR IF UNDER 24 HR Days Haurs Min.
10a. USUAL DCCUPATION (Give kind of work done 10b. during most of warking life, even if retired) 10-LIZED WOLLERMAN		11. 8IRTHPLACE (State or foreign of DOZCH RSTE	**	LL. S, A.
13. FATHER'S NAME RICHOLZOL AOR		VICTORICL I	WILLEY.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or upknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. INFOR		State Hos	sital.
18. CAUSE OF DEATH (Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CRIERIOSE	LEROTIC Hear	t disease.	INTERVAL BETWEEN ONSET AND DEATH DELEZAL
IL 200 DUE TO	ir advanced	L Cirteriosch	Lerosio	severaly
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPST PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED. (En	ter nature of injury in Part I or Po	ort of item 18.]	
20c. TIME OF INJURY Manth, Day, Year 20d. It Hour o. m. 19 While at worl	Not while factory,	DF INJURY (Hame, form, 20f. (Cit street, office bldg., etc.)	ly or town) (Co	ounty) (State
21. I certify that 1 attended the decease alive an 3-46, 195	9., and that death occ	curred at 8:00 P. M., fram	Street, city or tawn, state)	
SIGNATURE 51 MULL C	rinculs. M.D.	Eastern Stte	ere state Ho	prital /2
PHYSICIAN'S SIMON VIRK 220. BURIAL, CREMATION, 226. DATE THEREOF	CUTIS	Cam	bridge, Mc	<u>C.</u>
March 29,1959	Dorchester Memo:	rial Park Camb	oridge, Md.	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	and Cambrule	SMAR 3 0 '59	STRAR 24b. REGISTRAR'S SIGN	



VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		110 01 001		Reg. D	st. No.
1. PLACE OF DEATH a. COUNTY Ashabit Table 11	MARYLAND	O STATE	(Where deceased liver)	ed. If institution: Reside	nce before admission)
MAAAAA DOUGHESTER				2016	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	SIAY IN ID	c. CITY OK TOWN	(If outside corporate	limits, write RURAL and	give nearest town)
rural Cambridge		NOTT.	4 Eas	7 0	1 X
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Page 1977 OR INSTITUTION		d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM? YES NO 7
Eastern Shore State Hospital			1		
3. NAME OF DECEASED (Type or print) David Teorge W	ALe	LXaNde	4. DATE OF DEATH	March	Doy Yeor 5 1957
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED	8. DATE OF BIRTH	9.		R TYEAR IF UNDER 24 HRS
	ORCED [8-24-	-84	ost birthday) Months	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired)	ESS OR INDUS	TRY 11. BIRTHPLACE (itate or foreign count	(ry) 12. CIT	IZEN OF WHAT COUNTRY
1 3	work	m	cerup	und l	1517
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
dames D Alexander		Anna	MeKIN	ney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give wor or dates of service)		HFORMANT		Address	
No me	E	astern Shor	e State Ho	ospital reco	ords
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), one	d (c).]		1 * 1	D	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	c. /'	yocard	1121	Jeg en	-
11222 DUE TO		1			11 10
Canditians, if any, which) (b) eral/0	N				UNK
gave rise to immediate					
being cause last					
, (1)	O DEATH BUT	NOT PELATED TO THE	EDMINIAL DISEASE CA	DAIDITION CIVEN IN PAI	RT I(a) 19. WAS AUTOPSY
PARI II. OTHER SIGNIFICANT COMPUTIONS CONTRIBUTIONS	D DEMIN BUT	NO! KEDNIED TO THE !	ERMINAL DISEASE CO	DINDITION GIVEN IN FAI	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED). (Enter nature of injur	y in Part I or Port II o	of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not work of twork of two	D 20e. PL/	CE OF INJURY (Hame,	farm, 20f. (City or	town) ((County) (State
Hour a.m. P. m. While Nat while at wark at work		tory, street, office bldg.	, erc.)		
		1 1055.	Mars	10.50 11 . 1 1	
21. I certify that I attended the deceased fram S	1				ast saw the decease
alive an 1964, 1959, and	that death	accurred at_2_3			e date stated above
				, city or lown, state)	DATE SIGNE
SIGNATURE Kamas J Dredy	EPP.	M.D. E.S.S.Ho	spital, Ca	ambridge, Mo	i. 3-3-57
PHYSICIAN'S Thomas J. Dredge					
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF	CEMETERY OF	CREMATORY	22d. LOCATION	The Coch (s	CIOC (State)
23. FÜNERAL DIRECTOR'S SIGNATURE ADDRESS	1	24a.	REC'D BY REGISTRAR	24b. REGISTRAR'S SI	IGNATURE
Joseph of Front, north tax	N	1	MAR 9 '59		
		DAIL	EMIL O 10	arthug &	Thank

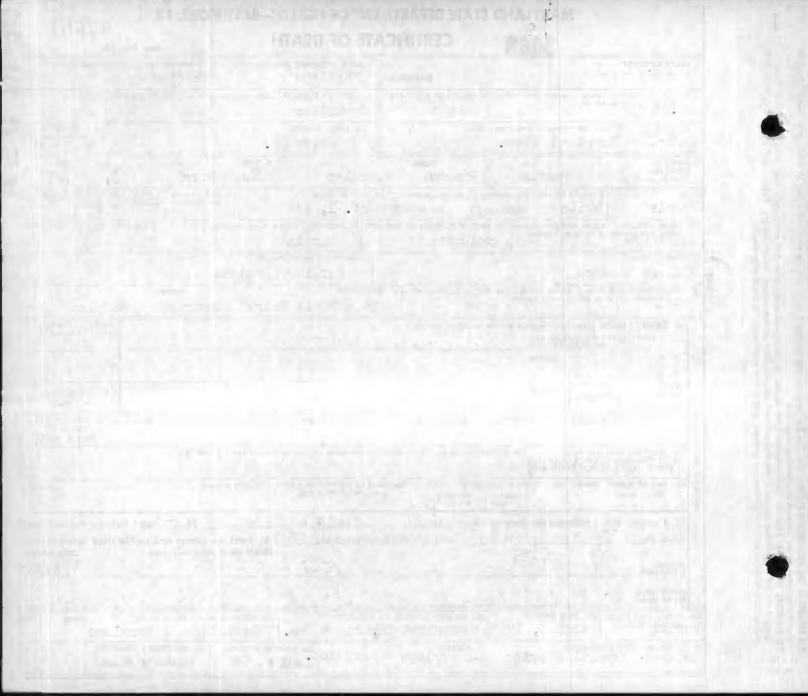


VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	30	98	CERTIF	IUM	IE OF DEAT			Reg. D	ist. No		
o Borcheste	r		MARYL	ANO	2. USUAL RESIDENCE (W Maryland	here deceased	b DOLCH	estel	nce befo	re odmiss	ion)
Cambridge	foutside corporate limarest town)	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF Cambridge	outside corpo	rote limits, write RI	URAL ond	give ne	arest town	•)
d. NAME OF HOSPIT Cambridge	At (If not in hospital,) laryland H	osp.	oddress)		d. STREET ADDRESS 312 Oakley S	st.					FARM?
3. NAME OF DECEASED (Type or print)	Carri		Spedden	Ba	bchler	4. DATE OF DEATH	March	th	3,	,	Yeor 19 59
5. SEX Female	White	7. MARE	RIED NEVER MARRIED	-	Date of Birth Oct. 1, 1887	,	9. AGE (In years lost bithday) yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
Housewife	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR DWN home	INDUST	Narylan		ountry)		JS.		COUNTR
Oliver Spe	dden				14. MOTHER'S MAIDEN Carline	Spedd	en				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ervice) _	social security no.		rs Herbert H	learn	Cambrid		Mar	ylan	d
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	V	ne for (0), (b), and (c).]	rd	ial Tar	leci	l		INT	ERVAL BE	DEATH
260 X Conditions, if o		/	Dudo		,0				7	do	45
gove rise to it couse (a), stating lying couse last.)	Dral	el	tes the	elu	tis		1	24	RS
Part II. OTH	ER SIGNIFICANT CON	OTTONS C	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	IINAL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Port	II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While of wor	Not while	Oe. PLAC	E OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (City	or town)		(County)		(Slote)
21. I certify th	at Lattended the	deceas	-	leath (19.59, 10_2 occurred a 6.50	7-M. from	19. The causes a				decease
ACTUAL	11-75	X	euls.	M	0. 1041		reel, city or lown,				6/
PHYSICIAN'S NAME (Type)	V. H. fl	4~	FICS		CAM	B21	D65	1	10		<u>-:</u>
220. BURIAL, CREMATIO BUELLEYAL (Specify)		1959	22c. NAME OF CEMET		CREMATORY Abridge Cem.	Cam	on (City, town, o		ylaı	nd (Stote	e)
23. FUNERAL DIRECTOR' LeCompte Fu	signature neral Serv	ice	Ca mbridge	9]	Maryland REC	D BY REGIST		TRAR'S SI	4 .		



-	20	iệ.	
go	rec	P	
4	P	E E	
dea	ner	Ď.	
Her			
0 5	- Ac	73	
hou	.9	pup	
Pri Pri	Hed	- 22	
thin	i Fi	Pag	
3	lete	zi.	
CUTA	dwo	ape th.	
e xe	nd o	deo deo	
pe a	5	orbi	
cote	sicio	ye o	
ertif	Phy	- ha	
F.	ding	3/5	
ded	tten	Plec	
the th	o e o	hen ent	
Pat	by 1	- A	
res	70	On)	
edu	sign	d in	
IN F	picio	rans	
e lo	phys as b	al-ti	
1	ing te h	Dur.	
M	fico	the .	
YSK	cert	e os	
E	this	TOTAL	
S	ospi	50 50	
200	Re A	oche	
F V	0	del o	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Rage A	may be retained by the haspital or attending physician. TO FUNERAL DIFFECH This certificate has been signed by the attending physician and campletely filled in by province of director.	rior	
AL	itoi.	ouls or p	
SPIT	ERA	3 sh gistr	
8	P.S.	92.0	
0	E 0	φΞ	

VS A15 (4) 15M 9/55

		CERTIFIC	JAIL OI	DE CIT		F	leg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	Dorcheste	2° MARYLAND	II A STATE	Maryl		ived. If institution: b. COUNTY	Residence before	
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, wr		c. CITY O			le limits, write RUR		
Camb	ridge	Life	1/3	Cambr	idge			
OR INSTITUTION	4	reet oddress) Lane	d. STREET	Dine	Stree	+		ON A FARM?
3. NAME OF	First		- 11					
DECEASED (Type or print)	Marth		Da	rby	4. DATE OF DEATH	March	99	1959
S. SEX	6. COLOR OR RACE 7. A	MARRIED T NEVER MARRIED	B. DATE OF BI	RTH	9			IF UNDER 24 HRS.
Female	1 110810	OWED DIVORCED	April	17, 1	917	4-1 yrs.	Aonths Days	Hours Min.
during most of wor	ON (Give kind of work done rking life, even if retired)	106. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTH	IPLACE (Stole o	or foreign cou	ntry)	12. CITIZEN O	F WHAT COUNTRY?
	orer	Food Packir	ng Do	rchest	cer Co	. Md.	U	SA
13. FATHER'S NAME				R'S MAIDEN N				
	Arron Ka	ne		V	fartha	Jones		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT			Address		
No	~ ~ ~ ~ ~ ~ ~		Annett	a Payr	ne, Ca	mbridge	, Md.	
Conditions, if a gove rise to cause (a), storing lying couse lost. Pair II. OT	the under (c) HER SIGNIFICANT CONDITIO	Hypertroph					ONS	RYAL BETWEEN ET AND DEATH 3 - 4 W ENL WHOWY P. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in P	ort f or Port II	of item 18.)		
Y 20c. TIME OF INJU Hour a. ji. p. m.	w	od. INJURY OCCURRED 20e. hile Not while work at work	PLACE OF INJURY foctory, street, of	f (Home, farm, lice bldg., etc.)	20f. (City o	r town}	(County)	(Stote)
21. I certify to alive on	Helton			19151	_M, from		on the dat	w the deceased e stated above. DATE SIGNED
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATIC	ON (City, town, or o	Polator	(Stote)
REMOVAL (Specify Burial			eterv		-0.	ridge.	Md.	faiorel
23. FUNERAL DIRECTOR	TE SIGNATURE / LIE	Cambride		24a. REC'D DATE	BY REGISTRA		AR'S SIGNATUR	É
				Water.		Contro	111	60

E, * - Was a first party to be set to a And the second s

OR STAT HEALTH DERT. our files.

rectar

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03063

Reg. Dist. No.

1. PLACE OF BEATH	Dorchester		MARYE	il	o. STATE			ed lived. If instit b. COUNT	ution: Resider N Doro		
and give recret toy	(Il outside corporate limits, will en) Cembridge	RURAL	c. LENGTH OF STAY I	N 1b		n) wwor		orale limits, write	RURAL and	give ne	arest town)
	ridge-Maryl)	d. STREET A		est En	d Ave.			C. IS RESIDENCE ON A FARMS YES NO A
3. NAME OF DECEASED (Type or print)	Fir Jame	st	Middle	2010	D'Eri	1	4. DATE OF DEATH	March]	19,1959	Day	Year 19
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED		OV.19,			9. AGE (In years last, bushday) 52 yrs.	On the same of the		Haurs Min.
during most of work Agriculti	ION (Give kind of work ing life, even if retired) urist, U. od	done 10b. K	t.Ser	NDUSTRY	Martin				12. CITIZ	U.S	WHAT COUNTRY?
13. FATHER'S NAME	John W. D	†Ern		1	d. Mother's						
15. WAS DECEASED E (Yes, no. or unknown) Yes, Worl	VER IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO.	Mrs.		E. D *)	Ern, 30	Address 1 West I		e.,C	ambridge,
Conditions, if gove rise to imm (e), stoting the cause tost. PARY II, O' PARY II, O' PRIMARY or CO CAUSE OF DEATH	ediate couse	DITIONS CO	Massive Myo					e condition GI	VEN IN PART	1(a) 19	. WAS AUTOPSY PERFORMED?
	ONTRIBUTING []		HOW INJURY OCCUR	RED. (Enle	r nature of in	ury in Part	Lar Port II	of item 18.)			
20c. TIME OF INJ			NJURY OCCURRED 20 Not while at work	e. PLACE factory.	OF INJURY (F street_affice	iome, form, bldg., etc.]	20f. (City	or lown)	(Cour	nty)	(Stole)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	that I took charge in resulted from: Eldridge Eldridge H.	Natural c	emoins described ouses . Accid		, Suicide A.O. CHIEF M ASSISTAL	EDICAL EX	I I I I I I I I I I I I I I I I I I I	Undet	ermined m	_	DATE SIGNED
Burial Burial		959	Rosedale					inshurg,			(Stote)
23. THY HERAL DITTELY	LR. Lu		Cambridge	Md.			AR 23		Lithur B.		

TO DEFLUTY MIDICAL EXAMINER: This certificate should be executed within 2s hours after death. If any delay is n execute the certificate, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be proded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL ACTOR: Page 3 should be used as a burial-transit permit. File pages, I and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

HTATO TO STATISTICAL CENTINATE MORESHIP TO THE

Le Compte Funeral Service, Cambridge, Maryland, DAME MAR 3 0 '59

03064

Orthur & Kans

9017	CERTIFIC	AIE OF DEATH	?		Reg. Di	st. No.		
1. PLACE OF DEATH o COUNTY		2. USUAL RESIDENCE (Who	ere decease	d lived. If institute	on. Residen	ice before	admissio	m)
Dorchester Co.	MARYLAND	Marylan	2	B. COUNTY	D	orche	ste	r
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	itside corpo	rote limits, write R				
Cambridge Md	Trife	X Cambridge	. Md.					
d NAME OF HOSPITAL (It not in hospital, give street or INSTITUTION		d STREET ADDRESS				e.	IS RES D	
		205 Church	Sta				ON A F	
205 Church St.	Middle	lesi	4. DATE	Mon	48			7
DECEASED	MIGGIE	(,0%)	OF DEATH	wan	IN	Doy		eor
(Type or print) Nancy Lee	Simmons_	Dillon	DEATH	3	Tie in ince	25	2	
5. SEX 6. COLOR OR RACE 7. MARR	HED 🖺 NEVER MARRIED 📋	B. DATE OF BIRTH		9. AGE (in years lost birthday)	Months	Dovs 1	Hours	Min.
XX F. White WIDOWS	ED DIVORCED	3/17/1924		35 yrs.		ooy.	10013	vetters
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stale of	ar foreign c	ountry)	12. CII	TIZEN OF	WHAT (COUNTRY
	NONE	Maryland			11	S.A.		
13. FATHER'S NAME	Rentz	14. MOTHER'S MAIDEN N				all atte		
Caintan Cimmon		Fild b - d la	A					
Clinton Simmons 15 WAS DECEASEDEVER IN U. S ARMED FORCES? 14	SOCIAL SECURITY NO. 17	Elizabeth	10 th 1/0	Addi	T059			
(Yes, no or unknown) (If yes, give wor or dates of service)	0 - 1 - 11 6			7,00	-			
NO. NO.	218-11-21/16	E.G. Dillon, 23	3_W	Lanvale :	St. B	alto.	Md	
18 CAUSE OF DEATH (Enter only one cause per lu	ne for (a), (b), and (c)]	-1					VAL BET	
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(arcus	maloses				6	-776	
J 4 X DUE TO		- 7						
Conditions, if any, which) (b)	hor week much	Dales				1 7	-771	, ,
gove rise to immediate						-/-	-/-	
couse (o), storing the under-								
/ (4)	ONTRIBITING TO DEATH BI	IT NICT BENATED TO THE TERMIN	IAI DICEAC	E CONDITION ON	CALIA BAD	Y 1/-> 1D	18/AC A	LITOREY
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUES OF ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCHO CONTRI	DIVINIONINO IO DERIN BE	OT HOT KELNIED TO THE TERMIT	AVE DIREVR	E CONDITION GIV	EN HA LWK	***	PERFOR	MED?
5						Y	YES 🔲	NO 🗌
200 ACCIDENT WAS UNDERLYING 206 DESC	IRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	art I or Par	t II af item 18.)				
2		PLACE OF INJURY (Home, form, foctory, street, affice bldg, etc.)	20f (City	or lown)	(1	County)		(State)
Hour a.m. White of work	LAGI MUNE	rocially, street, affice blog , etc.;						
	11 5-6	10 G.	2 2/	1	7		- 1	
21. I certify that I attended the decease		19_57 to	لاعجاتنا	19.57				
alive on	, and that deal	th occurred at 3:2	2.M, fran	n the causes o	ind on t	he date		
			DORESS (S	freet, city-or town,	siale)			TE SIGNED
SIGNATURE AND AND	iant-	MD.	mes	22			3-7	5-5
BLIVEIGIAANS				0				
PHYSICIAN'S NAME (Type)								
220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCA	TION (City, town, o	or county)		[Stote]	

VS A15 (4) 15M 10/57

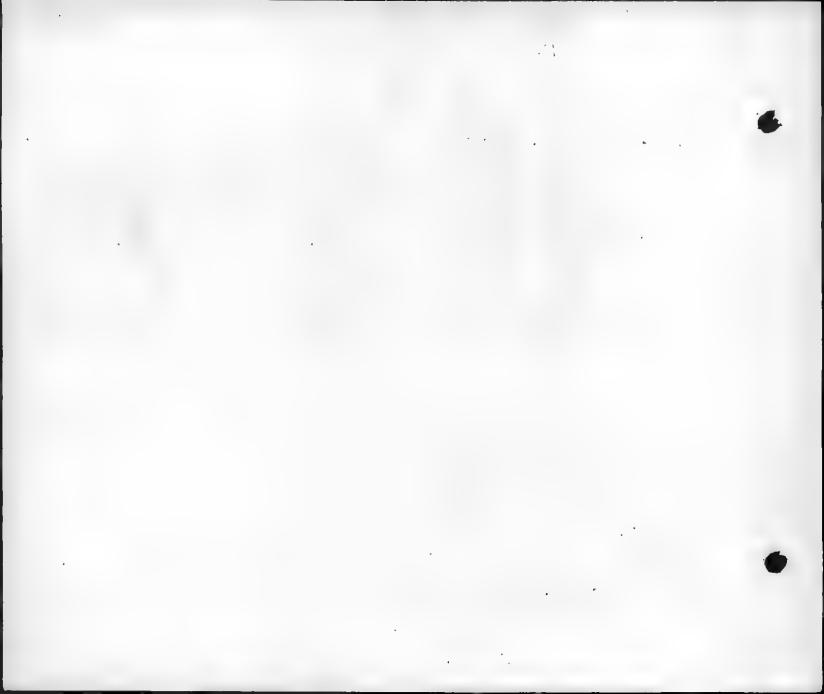




0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	
3085 CERTIFICATE OF DEATH	Re

					LKIIII		LOIDEA				Reg. D	ist. No		
	LACE OF DEATH COUNTY DO	rchester			MARYLAND	2.	usual Residence	(Where dece	sed I ved	I. If institute b COUNTY		nce befo	re admis	s on)
	CITY OR TOWN (F RURAL and g ve ne ural Cambi		s, write	c. LENGTH	OF STAY IN 18		c. CITY OR TOWN	[If outside co	rparate l	imits, write R	URAL ond	give ned	prest tow	n)
d	OR INSTITUTION	Al (If not in hospital, g					d. STREET ADDRESS						ON A	SIDENCE A FARM? NO [3]
	AME OF ECEASED Type or print)	GEORGE	ş†	EDWARD	Middle DRI	EER	Laet	4. DAT OF DEA		March		Do	у	Year 1959
5 S	M M	6 COLOR OR RACE	7. MARR	_	R MARRIED] 8 D	6/3/72		9. A0	GE (In years it birthdoy) Gyrs.	Months Months	Doys	Hours	ER 24 HRS Min.
10a.	USUAL OCCUPATIO during most of work waterma	N (Give kind of work or ing life, even if retired)	Ione 10b	KIND OF BUS	INESS OR INC	DUSTRY	11. BIRTHPLACE (St	ote or foreig	n country)		IZENOI	WHAT	COUNTRY?
13. (ATHER'S NAME					1.	. MOTHER'S MAIDE	N NAME						
	Nicolas	Dreer					Margaret	VanSa	nt					
		RIN U.S. ARMED FOR		social secu			rmant rn Shore	Btate	Hosp	ital 1		ds		
18. CAUSE OF DEATH [Enter only one couse per time for (c), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Generalized arteriosclerosis DUE TO Conditions, if ony, which gove rise to immediate couse (c), stating the under-lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(c) 19. YE YE										9. WAS				
1 CER	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH		VJURY OCCUP	RRED 20e	PLACE	of INJURY (Home, f , street, office bldg.,	orm, 20f. ((County)		(Stote)
	actual SIGNATURE	homas J. Dr.	_, 125 	4, an	d that dea	_M.D	E.S.S.Ho	ADDRESS spital	m the (Street,	causes ar	nd an th stote) ge, Md	e date	state DA 3 - 2	d abave. TE SIGNED
É	REMOVAL (Specify)	3/22/59		ADDRES	OF CEMETERY	6/A	pel	Ro	cK	24b. REGI	<u> </u>) // (Sto	6
0	Iden S	Some	64	URC. h	4/11			EC'D BY REC			Thun S			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 111 EXAMINER'S CERTIFICATE OF DEATH P STATE Ren Dist No. DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · countrochester Townester May Vland ALABYLAND b CITY OR TOWN I flexis de corporate limits, write FURAL E JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Cambridge 1 Year Cambridge . IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ad STREET ADDRESS ON A F RM? 210 Race Street 210 Race Street YES | NO THEE State death. Modella 4. DATE DECEASED Howard James Hansen. March 11 19 59 (Type or print) DEATH the after o may be r with the 6 COLOR OR RACE 7- MARRIED A NEVER MARRIED TO THE OF BIRTH OCT . 18 5. SEX IFUNDER TYEAR IF UNDER 24 HPS Male Months Davs White WIDOWED [DIVORCED [7] 50 (7 100, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 111 BIRTHPLACE (State or fore on country) 12 CITIZEN OF WHAT COUNTRY? Page n pencil in Item 18. Give Pages er's Office along with form PM3. burial-transit permit. File pages 13 FATHER'S NAME IA MOTHER'S MAIDEN NAME pages Peter Hansen Jennia Lynch UNKNOKIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address LUCY WILLEY CAMBRIDGE MARYT.AND Insyant 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) CORONARY OCCLUSION PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 **DUE TO** Candilians, if ony, which gove fise to immediate couse Chief Medical Examiner's shauld be according. DUE TO (a), stoling the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS WAS AUTOPSY CERTIFICATION PERFORMED 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO the wo WEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or fown) 20c. TIME OF INJURY Month, Day, Year (Stote) factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held on Autopsy , inspection M. Inquiry ... ote. opinion death resulted from: Natural causes ... Accident . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE John Mace Jr. **EXAMINER'S** DEPUTY MEDICAL EXAMINER IN NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) CAMBRIDGE MARYLAND LEUTHPTECFUNERAL RESERVICE 24e REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE Gother & Kezant



EFLUTY MEDICAL EXAMINET This retrificate should be executed within 24 hours ofter death. If any deloy is necessary, please secute the cartificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page should be if ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in your files. FUNERAL D.—TOR: Page 3 should be used as a burial-transit permit. File pages V and 2 with the State Bot of Health, It is designated agent, prior to burial, cremotion, or removal, and in any event within 72 noons after death.

5 , 45	0
VS A15ME 5th 2/57	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		308b ===				Reg. Dist. No.						
	O COUNDORCHE	STER	MARYLAND	H								
	RURATE OATB	u sido corporole limits, write RURA RIDGE	C. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF	outside corporate limite, write CAMBRIDGE	e RURAL and give morest town)						
1	d. NAME PER BESTA	ISLAND	in hospital, give street address)	d STREET ADDRESS TAYLORS	ISLAND	e IS PES DE VIE ON A FARIAGES YES NO						
1	3. NAME OF DECEASED (Type or print)	MÄRY	H fgins	HARRINGTON	A DATE MARCH	21 Year 59						
	FEMALE	WHITE	MARRIED NEVER MARRIED 8	FEB 25, 189	9. AGE (In years look ribday) 62 yes	Months Days Hours Min						
. !	10a USUAL OCCUPATION	(G've kind of work dane life, even if retired)	106. KIND OF BUSINESS OR INDUST OWN HOME	RY 11. BIRTHPLACE (Stote MARYLAND	or foreign country)	12 CITIZEN OF WHAT COUNTRY?						
	13. FATHERS NAME P	THOMAS W, SIM	MONS	14. MOTHER'S MAIDEN N	11ETCHER							
	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give wor or dates of service)	16 SOCIAL SECURITY NO. 17	TORMANT TRS L KINNAMA	N ALEXANDRÎĂ	VA.						
,	18 CAUSE OF DEATH [Enter only one cause per l'ne far (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: 916-0 BURNS ENTIRE BODY TINSTANT											
	Conditions, if any gave rise to immedia (a), stating the uncouse tast.	ate cause DUE TO										
k	3					VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO [7]						
			scribe how Niury occurred. (Ed in fire which									
7	20c. TIME OF INJURY Hour a. m.	2 / 0 3 / 1 / 0	20d. INJURY OCCURRED 20e PLA: While Not while Hon	CE OF NJURY (Home, form, ory, street, office bldg., etc.)	1	(County) (Slate) le. Dor. Md.						
			the remains described about a couses . Accident [/ 🔲, Inspection 🔀							
	ACTUAL SIGNATURE	Jan .	man of	_M D CHIEF MEDICAL EX		DATE SIGNED						
	EXAMINER'S DI	John Mac	e Jr.	ASSISTANT MEDICAL E		23/59						
	220. BURIAL CREMATION REMOVAL (Specify) BURIAL	MARCH 23.	22c. NAME OF CEMETERY OR 1959 CHRIST CEN	CREMATORY ÆTERY	22d LOCATION (City, town, CAMBRIDGE	er caunty) (Stote) MARYIAND						
	23 FUNERAL DIRECTOR'S LECOMPTE FUN		ADDRESS	OVT A NID 240 REC'E	BY REGISTRAR 246 REG	ISTRAR S SIGNATURE CITCHER & FERMA						



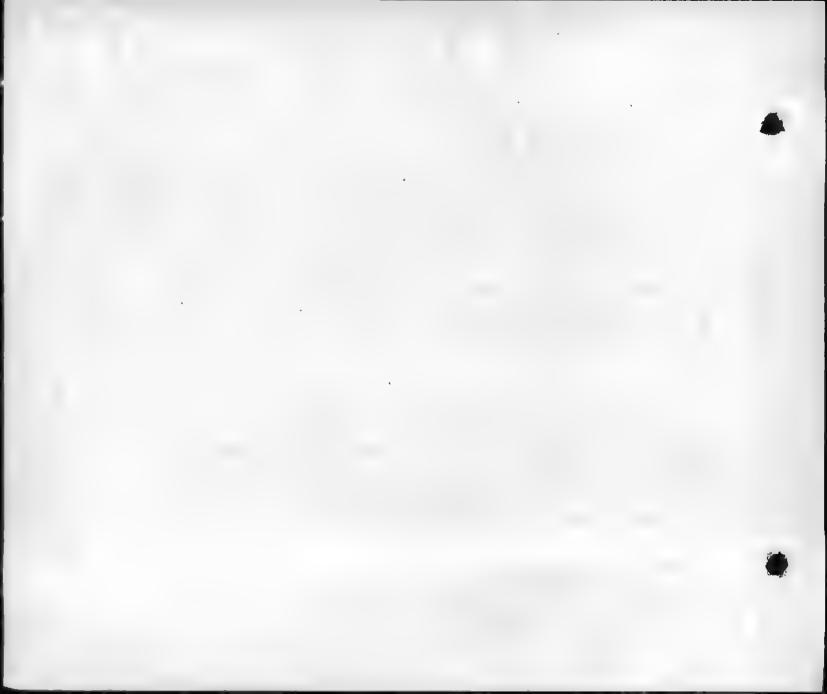
03069 3087 CERTIFICATE OF DEATH Rea. Dist. No director PLACE OF DEATH-2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY DORCHESTER pai b. COUNTY Morcesi MARYLAND b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SNOW CAMBRIDGE d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION EASTERN SHORE ON A FARM? HOSPITAL STATE 24 YES NO E 5 4. DATE OF DEATH NAME OF Year DECEASED þ (Type or print) 195 6. COLOR OR RACE 7- MARRIED NEVER MARRIED | 8 DATE OF BIRTH 9. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS last bighday) Months Days DIVORCED | WIDOWED [7] yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country during most of warking life, even if retired) 112. CITIZEN OF WHAT COUNTRY? HOUSE WIFE 14. MOTHER'S MAIDEN NAME 13 FATHER'S MAME HANCOCK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT HOSPITAL RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEART TERIOSCLEROTIC MONTHS IMMEDIATE CAUSE (a) DUE TO ITENERAL ARTERIOSCHEROSIS YEARS Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO D () 20a ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m. 195 7that I last saw the deceased 21. I certify that I attended the deceased from _, and that death accurred at 430 PM, from the causes and an the date stated above. OR: ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE ā 70 0 PHYSICIAN'S FUNERAL AMBRINGE NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City town, or county) 220 NAME OF COMETERY OR CREMATORY (Shote) REMOVAL (Specify) 0 J'NERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Orthog & Frank VS A15 (4) 1SM 9/SB



02070

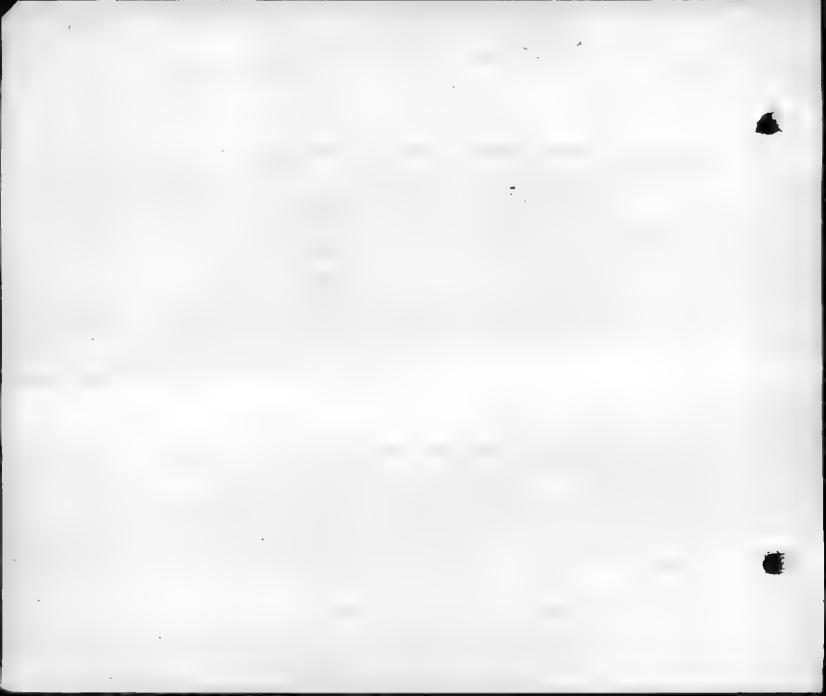
L		305	73	CERT	IFICA	TE OF DI	EATH	ı		Reg. D	t≀⊍ (J ist. No.	* ()	
1.	PLACE OF DEATH DORUHESTER			MAR	YLAND	2. USUAL RESIDE	LAND	ere deceose		OHESTE		odmission)	
	L CITY OR TOWN (IF	outside corporate limitarest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO		utside corpo	prote limits, writ	e RURAL and	give neon	est town)	
3	d. NAME OF HOSPITA	AL (If not in hospital, g ACE STREET		oddress)		/ d. STREET ADI		STRE	ET		•	IS RESIDENCE ON A FARM	?
3	NAME OF DECEASED (Type or print)	HARRY	st	Middle	В.	INSLEY		4. DATE OF DEATH	MARCH	Nonth 12	Day	Year 19 5	 9
- 11	sex MALE	6. COLOR OR RACE WHITE	7. MARK	ED DIVORCE		DATE OF BIRTH JULY 12,	1991	4	9. AGE (In yet lost birthdo O4)		Doys Doys	F UNDER 24 H Hours Min	
10	WA TEHMAN	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS (SEAFOOD	OR INDUST		CE (State of YLANI		ountry)	12. CI	USA.	WHAT COUN	TRY?
_ 1	WOOD INS	LEY				14 MOTHER'S M		AME DMOND					
15	WAS DECEASED EVER	IN U S. ARMED FOR	ervicel	social security no L8 34 9363) 17. IN	MRS H.	B. II	NSLEY	CAMBR.	IDGE	MARY	LAND	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which)									eus		INTER	To Use	77
	gave rise to in cause (a), stating to lying cause last.											1	
CEPTIS,CATION	PART II. OTH		DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN PAI		PERFORMED?	
		* 1	20b. DES	CRIBE HOW INJURY C									
MEDICA	20c. TIME OF INJURY Howr o.m. p. m	Month, Day, Yes	While of wor	NURY OCCURRED Not while	20e. PLA	CE OF INJURY IMo ory, street, office b	me, form, oldg., etc.)	20f. (Cir	y or lawn)	(County)	[Sta	te)
	21 I certify the	at attended the	deceas	17	3/9	1919	10.30	/>/	12 19	3		w the deced	
	ACTUAL SIGNATURE	auseur	e h	(ayeni	✓M	D			treet, city or too		ne date	DATE SIG	ove.
	PHYSICIAN'S AME (Type)	-gwre	NCC	Mary	13h	0 V	Ca	emp	iley	, he	1		
BI	PREMOVAL ISPECITY)	MARCH 1	5, 19	22c. NAME OF CEM 59 DORCHE		MEN PARI	2	CAME	TION (City, 10W BRIDGE		LAND	(State)	
23	LECOMPTE F		RVICE	ADDRESS CAMBRII	DGE	MARYLAN	An. REC'D	BY REGIS		GISTRAR'S SI Cluthun 2			

VS A15 (4) 15M 10/57



10 4		tor,	Him	
Pag		direc	led ,	/
of h.		erol	be f	
er de		12	P	
s aff		y 19	2	
hour		in b	and	
34		Hed	es J	-
VIT PAR		Ety 6	Pog	T
ted v		4	ers.	L
Mecu		J car	Pog	ealH
oe e		000	rban	ter d
cote		sicial	ve co	irs of
erlift		phy	еща	2 hoc
off c		ding	ose 2	in Z
e de		after	ă.	===
at th		the	The	vent
2		d by	ij.	any o
quire		igne	per	2.5
¥ 76	icior	een	ansi	an,
he la	phys	as b	int	lavar
Ë	ding	ote h	a bu	rren
CIA	otten	riffic	ss the	an, c
HIS	P P	is ce	use c	matic
5	spital	er th	for	, IIrei
	e ho	: Aft	rched	urial
ATTE	by th	Ď	Ĭ	ţ
Š	ned I	į.	P	prior
IMI	retoi	AL	haul	Irar
S	- pe	SNER	e 3	SIQUE SIZE
2	HOL	0 1	pag	1
= < 10 hostilat or attending parsician: the law requires that the death certiticate be executed within 24 hours after death; Page 4	way be retained by the hospital or attending physician.	TO FUNERAL DI CATIFICATION R. After this certificate has been signed by the attending physician and can present filled in by 11 Perunal director,	page 3 shauld an ached far use as the burial-transit permit. Then prease remove carbon pagers Pages 1 and 2 s. d be filed with)
)W	110	131	

	MAKILAND	SIAIE DEPARTM	ENI OF REALIF	I-BALIIMOKE,	18 03071
	3074	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
PLACE OF DEATH	orchester	MARYLAND	2 USUAL RESIDENCE (Who of STATE Marylan)	ere deceased lived. If institut b. COUNTY	tion Residence before admission)
RURAL and give neo	outside corporate limits, write orest town)	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If o	rutside corporate limits, write	RURAL and give nearest lown)
d NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
NAME OF	ambridge_Maryl	and Rospital	203 Bay		YES NO 🔝
DECEASED (Type or print)	Walter	Pattison	Kirwan	OF DEATH March 2	9,1959 19
sex fale	6. COLOR OR RACE 7 MARK	RIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost birthdoy) 80 yrs	Months Days Hours Min
USUAL OCCUPATION	N (Give kind of work done 10bing life, even if retired)	-			12 CITIZEN OF WHAT COUNTRY
Kedecok H	louse Mover & F	armer	Crapo, M		U.S.
FATHER'S NAME			14 MOTHER'S MAIDEN N		
	IN U. S. ARMED FORCES?	SOCIAL SECURITY NO 17 I	Laura Jan		
	yes, give wor or dotes of service)				yly Ave., Cambridge
Canditions, if on gove rise to im couse (o), storing th lying couse lost. Part II OTHE	mediate	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition Gi	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
20a ACCIDENT WAS	UNDERLYING [] 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I or Port II of item 18.)	YES NO
20a ACCIDENT WAS OR CONTRIBUTING E (IF E)THER, NOTIFY N	AEDICAL EXAMINER)				
20c. TIME OF INJURY Hour o.m. p.m.	Month, Day, Year 20d It While of work	Not white for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify tho	it I attended the decease		3 , 1947, to 2	7 MAK 195	2,that I last saw the decease
actual	MAR. 195	7, and that death	accurred at 6;00	PM, fram the causes of ADORESS (Street, city or town,	and an the date stated above
PHYSICIAN'S NAME (Type)	ALTER E.	GUNBY J	R. Com	budge.	med ;
BURIAL CREMATION REMOVAL (Specify)	, 22b DATE THEREOF	22c NAME OF CEMETERY O		22d. LOCATION (City, lown,	**
Burisl	April 7 1959	Greenlawn C	emetery	Cambridge Mc	d.
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Combon			ISTRAR'S SIGNATURE





5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	#3073
3083 CAL EXAMINER'S CERTIFICATE OF DEATH	Reg.	, Dist. No.

PLACE OF DEATH O. COUDURCHESTER MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) 5. COBNECHE STER						
b. CITY OR TOWN (II BUSING CORPORATE INVITE AND TO EURAL C LENGTH OF STAY IN TO RURAL) CAMBRIDGE LIFE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (RURAL) CAMBRIDGE						
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) TAYLORS ISLAND	TAYLORS ISLAND IS PESIDENT E ON A FARM YES NO 4500						
3. NAME OF DECEASED (Type or print) MARY FRANCES HARRINGTON	MATTHEWS DEATH MARCH 21 19 59						
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 FEMALE WHITE WIDOWED DIVORCED 1	PEB 10, 1916 9 AGE (In year) 1 If UNDER 19EAR IF UNDER 24 HR. Wanths Days Haurs Min						
100 USUAL OCCUPATION (Give kind of work done duple mostlef working life, even if retired) STATIONERY STORI							
BYRON HARRINGTON	MARY H SIMMON.						
IVec Re-ent arrived with the man of the second of the seco	RS L KINNAMAN ALEXANDRIA VA.						
PART I DEATH WAS CAUSED BY	Gover rise to immediate cause (a) IMMEDIATE CAUSE (a) BURNS E:N'T TRE: BODY TNSTANT (b) Gover rise to immediate cause (a), stoling the undertying						
	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED. 20e PLAN Haur o m. 3/21/5919 While Not while of work of work HOM							
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry, and in my opinion death resulted from: Natural couses, Accident X, Suicide, Homicide, Undetermined monner							
ACTUAL SIGNATURE							
EXAMINER'S Dr. John Mace Jr.	ASSISTANT MEDICAL EXAMINER DEFUTY MEDICAL EXAMINER 3/23/59						
BURDYL (Spec ly) 226 DATE THEREOF MARCH23, 1959 CHRIST CHURC	CAMBRIDGE MARYLAND						
LECOMPTE FUNERAL SERVICE CAMBRIDGE MA	TULAND DATE MAR 2 6 '59 246 REGISTRANS SCHOOLING						







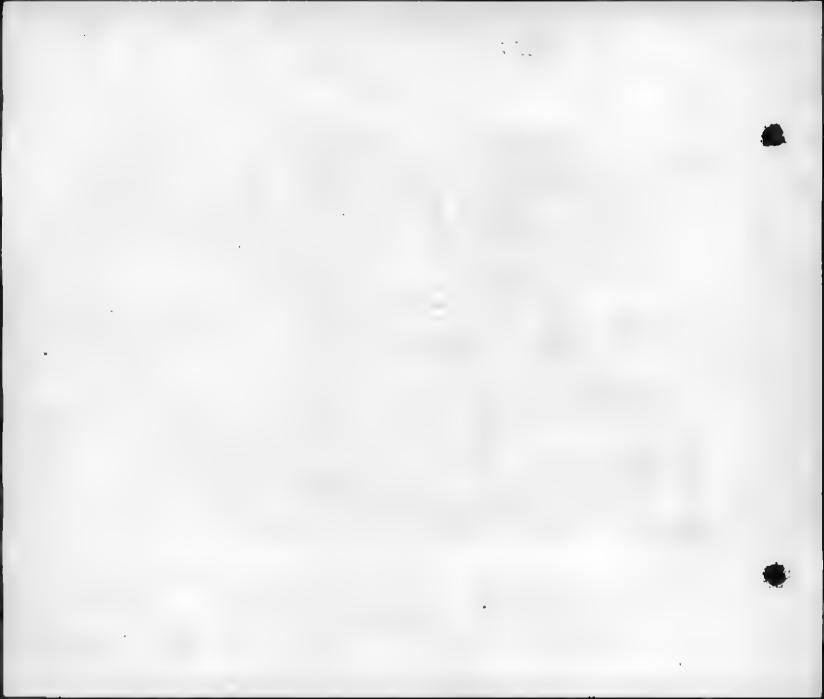
FOR STATE HEALTH DEPT.

5. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haves after death. If any delay is necessory please execute the configuration of pending in pending in lem, 18. Give Toges 1. 2, and It as the fusion director. Pages 4 shauld be calcined to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from files.

7. O FUNERAL CIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store in 3 permeath.

5	T				
. 00	0	orded to the Chief Medical Examiner's Office along with farm PM3. Roge 5 may be retained	1	,	
>	40	ž	ond Awith the Store	듄	
-0	5	0	5	8	
ō	(0)	2	63	0	
2	45	8	£	<u></u>	
Ď	O	, L	£	ō	
Mon	mo	-6	<u>-</u>	\$/1 2m	
4	ъ	E	2	5	_
뜜	Ë	50	2	7	
ě		0	íš	23	r
b	CH	2	O	0	F
ie.			1	꾿	•
b	0	g	콼	4	_
£	8	P	ğ	72	
ŏ	į.	Ε	57	0	
-15	ş	ö	÷	Б	
4	ច	Mar.	B.E.	2	
E		Ē	4	6	
#	00	3	Æ	₽,	
3	سر	0	5	ъ	
70	40	ŏ	0	5	
2	-4	0	-5	ف	
9	Ξ.	9	5	0	
×	=	Ų.	ţ	Ó	
6	č	Ö	능	e ii	
ھ	8	şiñ	Ę.	9-	
P	e	ē	ā	ō	
8	:-	ᇋ.	0	ď	
ALC:	² CD	E	99	ö	
93	遞	×	-	7	
Ŕ		_	9	Ε	
4	g.	D	5	, E	
T		÷	0	٠,	
9	P	Ae.	7	ō	
, 92	0	-C	퓽	É	
岸	101	<u></u>	0	ă	
43	Ξ	15	97	0	
122	ED	Ĭ	(4)	b-	
Z.	, Ē	ž	9	Ġ,	
₹	÷	- 63	ō	ũ.	
5	3	Ξ	70	=	
W	e)	e	K	8	
2		5	ĭ	9	
ü	ď.	0	2	TO	
ã	ľ		8	ě	
땆	U,	4	×	0	
~	(I)	ā	7	9	
>	dir.	P	ox	40	
Þ	-	3	144	D	
SLI	0	40	5	400	
۵	execute the commonter, writing the word "pending" in pendi in Item, 18. Give Toges 1, 2, and It the fusera	1/2	BA.	or its designated agent, prior to burial, cremation, or remaval, and in any event within 22 hours of	
0	0	4	TO FUNERAL TOTOR: Page 3 should be used as a burial-transit permit. File pages	0	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is ne			ll-m		
VS 5/	A	15/	ME		
51	W 2	775	7		

		MARYLA	ND ST	ATE DEPARTM	ENT OF HEALT	H-BALTIMORE, 18	
		- MED	ICAL	EXAMINER'	S CERTIFICA	TE OF DEATH	03077
		3076		770		Reg	, Dist No.
Ŧ.	PLACE OF DEATH				O. STATE	Where deceased I'ved If institution: Re	
-	CITY OF TOWN	Orchester		MARYLAND		rand De	orchester
	and give nearest tow	foulside corporate limits with R(,RAL	C. LENGTH OF STAY IN 16	75	f autide corporate limits, write RURAL	and give necrest town)
_	Cambric			DOA	# 22m = 10 = 2	lesdale - Rural	P PMA
'	~	TAL OR INSTITUTION (IF I			STREET ADDRESS	2	on A FARM
		ge-Maryland	Hospi	tal	llear n	eid's Grove	YES NO 1
	NAME OF DECEASED (Type or print)	Nona First		Virgie	Rideout	4. DATE Month DEATH	9 10 59
5. 5	Ex Ecme 7		MARRIED	NEVER MARRIED	B DATE OF BIRTH	fact brooked at	DER TYEAR IF UNDER 24 HES
	Female		/IDOWED	46	Dec. 24, 189	61 yrs 2000	3 Days Hours Min
100	USUAL OCCUPATI during most of works HOUSET	ON (Give kind of work dor no life, even it refired) FOLK	e 10b, Kih	ID OF BUSINESS OR INDUS	Dorcheste	(.	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN I		
	Zakari	ah Dennis			Emily Par	ker	
15.	WAS DECEASED EN	VER IN U. S. ARMED FORCE		CIAL SECURITY NO. 17.	INFORMANT	Addren	A 100
110	, no, of unknown)	(If yes, give wer or dates of serv	"" 21	9-07-3832	Mrs. Helen Wh	ite, Rhodesdale, M	d. R.F.D.
	18 CAUSE OF DEA	ATH (Enter only one cause	per line for	r (a), (b) and (c).	er groups generales so so		T NTERVAL BELVEEN
	PART 1, DEA	TH WAS CAUSED BY.	C	oronary oc	clusion		ONSET AND DEATH
	420d	DUE TO			OTADIOII	- fr A MY VMD MARKET SALE MARKET	-5 Min.
	Canditians, If a						
ŀ	gave rise to imme	diale cause		· · · · · · · · · · · · · · · · · · ·			
	(a), stating the cause lost.	(c)					
Z Q	PART II, OT		IONS CON	TRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	INALDISTASE CONDITION GIVEN IN I	PART I(b) 19 WAS AUTOPSY PERFORMED?
3							YES NO
ERTIF	200 EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH,	USE WAS NTRIBUTING []	DESCRIBE I	OW INJURY OCCURRED	(Enter noture of injury in Par	t Lar Port II of item 18.)	
¥	20c. TIME OF INJU		Tand IN	HIPY OCCUPAND TOO M	ACE OF INJURY (Home, form	- PA4 4673	
MEDIC	Hour e.m.		While	Not while fox	lory, street, office bldg., etc.)	(State)
	21. I certify t	hat I took charge o	f the re	mains described ab	ove, held an Autops	y , Inspection , Inq	uiry , ond in my
opinion death resulted from. Natural couses M. Accident . Suicide . Homicide . Undetermined monner							
Examiner's John Mace Jr. Assistant medical examiner (7) Deputy medical examiner (7) 3/11/50							3/11/59
220	BURIAL EXEMATION REMOVAL (Specify Burial	March 12		Reid's Gro	r CREMATORY Ve Cemetery	Near Rhodesdal	
23.	FUNERAL DIRECTOL	'S S GNATURE		ADDRESS		D BY REGISTRAR 246 REGISTRAR'S	SIGNATURE
	J. J. Fran	ptom and Son	, Fed	eralsburg, M	aryland DATE M		2. Kraus

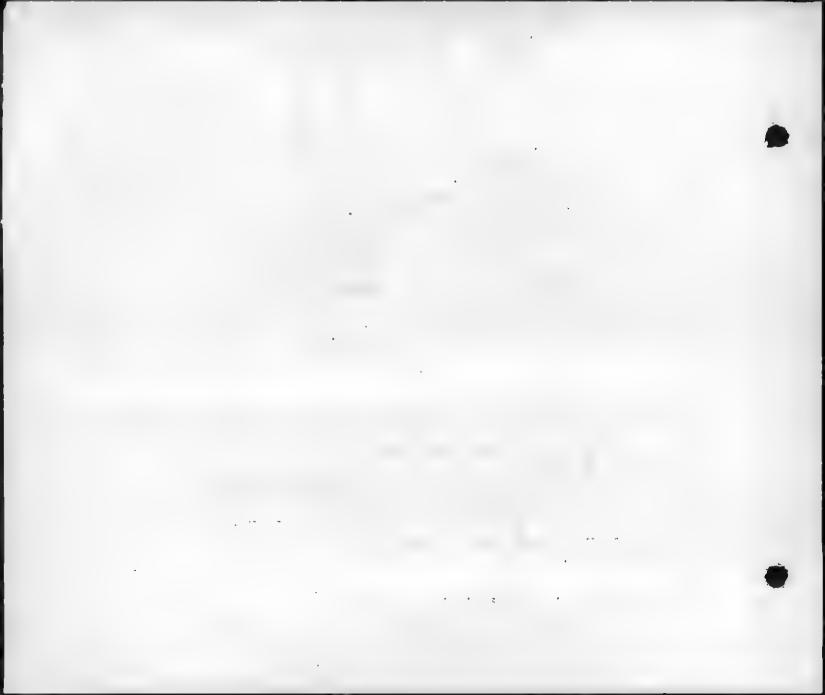


I

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
---------------------------	----------------------	----

03078

		31	177	CERTI	FICA	ATE OF DEATH	J		Reg. Di	st. No.		
1.	PLACE OF DEATH DORCHESTEI	2		MARYI	.AND	2 USUAL RESIDENCE (WIN	ere deceased	d lived. If institution DOROH		ce befor	e admiss	ion)
	CAMBRIDG	outside corporate limi prest lown)	s, write	LIFE	N 1b	CAMBRIDGE	utside corpo	rate limits, write R	URAL ond	give nea	rest fown)
	STONE BOUT	NDARY RD.	ive street	oddress)		d. STREET ADDRESS STONE BOUND	ARY			1	ON A	FABM?
	NAME OF DECEASED (Type or print) R.	ICHARD For	it .	Middle J.	RO	BBINS Lost	4. DATE OF DEATH	MARCH Mon	19	Do ₃		Yeor 59
_	SEX IALE	6. COLOR OF RACE WHITE		HED ☐ NEVER MARRIE		FEB. 1, 1880		9. AGE (In years law birthday) yrs.	IF UNDER	1 YEAR Doys	Hours	Min
100	during most of work	N (Give kind of work (ing life, even if retired	lone 10b.	KIND OF BUSINESS OF	RINDUS	MARYLAND	or fareign co	ountry)		USA	FWHAT	COUNTRY?
13	FATHER'S NAME PLANNER	ROBBINS				14. MOTHER'S MAIDEN N ANNA RO						77778
		IN U.S. ARMED FOR		8 36 2348		NFORMANT LVIN ROBBINS	CA	MBRIDGE		YLAN	ID .	
****		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE to		ne for (a), (b), and (c) } CEREBRA	L HE	MORRHAGE					RVAL BE ET AND	
	Canditions, if on gove rise to in couse (a), stating the lying couse last.	mediale (ARTERIO	SCLI	TROSIS						
MEDICAL CERTIFICATION	PART II. OTH		DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	VAL DISEASI	E CONDITION GIV	EN IN PAR	T 1(a) 15	PERFO	AUTOPSY RMED?
CERTIF.	700. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in P	ort I ar Part	I II of item 1B)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yeo	r 20d. It While of worl	Not while	70e. PL/ foc	ACE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City	or town)	(4	County)		(State)
	ACTUAL SIGNATURE	bert E. Pu	319	2 and that	Geath	occurred ot	M, from	n the causes a reel, city or town, lyenue	nd on th		e state	
220	BURIAL CREMATION	MARCH		22¢ NAME OF CEME 959 GREEN				NON (City, lown, o		AMBF	(Stote RIDGE	
	FUNERAL DIRECTOR'S LECOMPTE F	SIGNATURE UNERAL SER	VICE	ADDRESS CAMBRIDGE	N	ARYLAND DATEMAR	BY REGIST		TRAR'S SIC		_	



VS A1S (4) 15M 9/5S

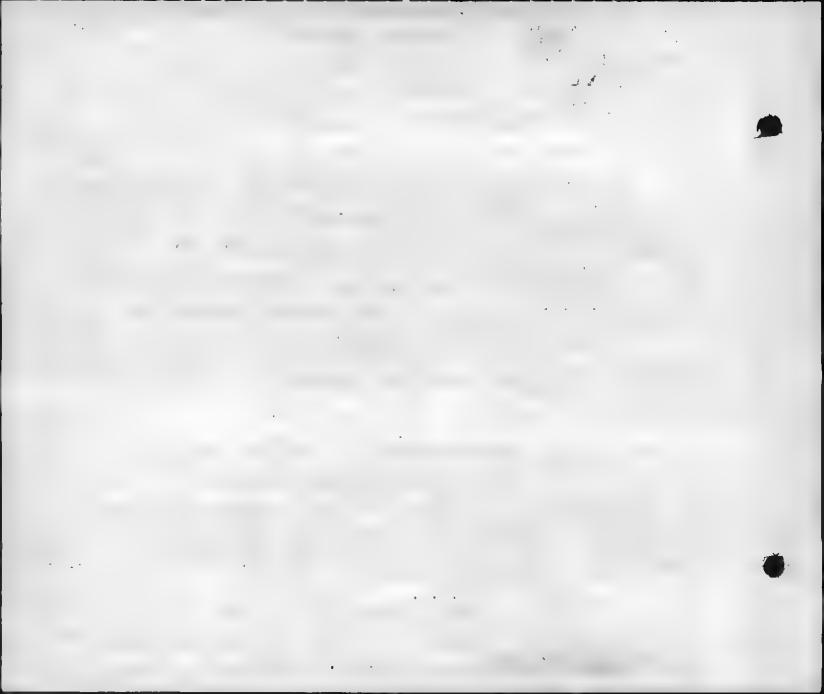
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3091 CERTIFICATE OF DEATH

03079

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY				2.	USUAL RESIDENCE a. STATE	E (Where	deceased			e before od	mission)
51 6051111	Dorches	ter	MARYLAND			rvl:	and	b. COUNTY	mm.	chest	ירט
b. CITY OR TOWN (if RURAL and give nec		ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	4 (If outs	ide corpore	ote limits, write f	URAL and g	ve negrest	ławn)
100	Cambridg	е	Few days	2	Hui	rlo	ck				
d NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRES	SS				e. 15	RESIDENCE
RFD #1				*						YES	N A FARM?
3. NAME OF	Fir	st .	Middle		Lest	4	. DATE	Mor	nth	Day	Year
(Type or print)	Ravmo	nd	Weslev	(Sampson		OF DEATH	Man		0	1950
S. SEX	6. COLOR OR RACE		IED W NEVER MARRIED		ATE OF BIRTH		1	P. AGE (In years	IF UNDER I	YEAR IF U	NDER 24 HRS.
Male	Negro	WIDOWE		0	at. 1 18	886		last birthday)	Months	Days Ho	urs Min
10a. USUAL OCCUPATION	Y (Give kind of work	done 10b.	KIND OF BUSINESS OR INC	USTRY		And the last of th	fareign cou	untry)	12. CITI	ZEN OF WI	HAT COUNTRY
Labor	ng life, even if retired		ood Packing	7	Dorches	cta	n Co	N/A		USA	
13. FATHER'S NAME			ood I donain	-	. MOTHER'S MAID			- True		UDA	
	Alfred	Samp	son		7	Mar	T Car	therine	Dinl	rott	
15. WAS DECEASED EVER				INFO		na.	y Ca	Add		7000	
No No. or unknown)	yes, give war or dates of s	otatcu]		Tan	la Samps	gon	T-T2 2 2	rlock.	Ma		
1	H [Enter only one co	use per lir	ne for (a), (b), and (c)]	4 hadin	e Fighthy	بلللات	<u> </u>	CAT WAY	THUE -	INTERVA	L BETWEEN
PART I. DEAT	H WAS CAUSED BY:		erebral Her	nor	rhage					ONSELA	DE BEATH
33/X	IMMEDIATE CAUSE (a DUE TO		01 0 01 01 110					····		C	140
Canditions, if an											
gave rise to im	mediate										
catse (a), stating II											
	P SIGNIFICANT CON		ONTRIBUTING TO DEATH B	UTNOT	PELATED TO THE T	TERMINIA	I DISEASE	COMPITION OF	IENI INI DADY	11-1 10 14	AC ALITOREY
	ck stotati teatat cora	01110143_0	DIVINIBUTING TO DENTH B	UTINOI	KECKIED TO THE T	ICKMHNA	IL DISEASE	CONDITION GI	VEN IN PAKI	PE	RFORMED?
20a. ACCIDENT WAS	LINDERLYING D	20h DES/	CRIBE HOW INJURY OCCUR	DED /C		n. in Pan	t I as Past	D of them ID 1		1 AE2	□ NO □
PART II. OTHI	CAUSE OF DEATH	200. DE30	CRIBE HOW INJURI DECUR	KED. (EI	nier nature or injur	ry m rar	1 f Or FOR	is or nam (p.)			
		nr 20d 16	UJURY OCCURRED 20e.	PLACE	OF INJURY (Home,	fores	20f. (Cib.)	ns town)	-	ounty)	(State)
Hour a.m.	19	While	Not white	factory,	street, affice bldg.	., elc.)	-on (City	or 101111j	ţc	ounty)	faidiel
			k at work		E 7	Ma	rch	0 = (7		
	at I attended the	decease	0		., 19 <u>57,</u> ta						he deceased
alive on Mar	n 9	,_, 12_	and that dea	th oc	curred at					e date si	
ACTUAL	V60.00	2			00E D4.			eel, city or town,		a 2	-10-59
ACTUAL SIGNATURE	fract.	د حد رو	Jan Mary	_ M.D.	227 Pi	ne	20-0	ampr.ru	80, 11	u +).	-10-27
PHYSICIAN'S NAME (Type)	J. Edwin	Fass	ett.M.D.								
220. BUR AL, CREMATION			22c. NAME OF CEMETERY	OP CP	EMATORY	120	A LOCATI	ON (City, town,			F4-1-1
REMOVAL (Specify)		050				24				· ·	State)
23. FUMERAL BIRECTOR'S	1 2/1/6	777	LEast New N	era la cid		PEC'D I	East Y REGISTR		iarke: strar's sig		
Weeker XI	Mitelle	ust.	/	~~			- 4 = 11		Irthug &		
1	1	367	Cambridge	5 C 9	MC DATE	E MA	11 1 71		, 201		



VS A1S (4) 15M 9/55

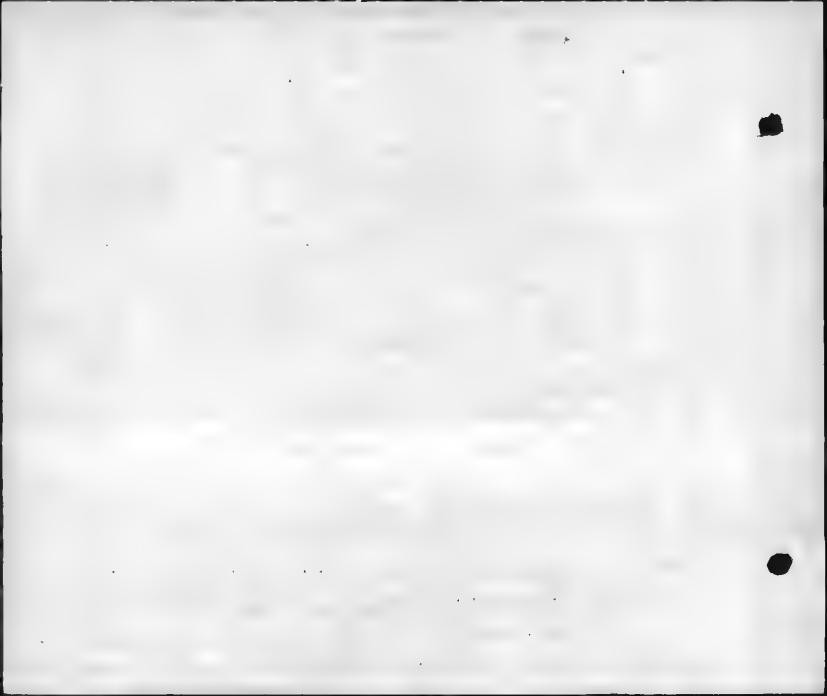
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3092

CERTIFICATE OF DEATH

03080

Reg. Dist. No.

a. COUNTY DO	rchester		MAR	YLAND	2. 0	JSUAL RESID 5. STATE	ENCE (Who	era decease	d lived If institut b. COUNTY		nce befo	re odmissi	ion)
b. CITY OR TOWN (IF RURAL and give ne rural Camb)	rest town)	ts, write	c. LENGTH OF STAT	Y IN 1b	(CITY OR TO		utside carpa	prote limits, write I	they were	give nec	arest town) 4
d. NAME OF HOSPITA OR INSTITUTION Eastern Shot	it lif not in hospital, o	ive street	address)			d. STREET AI	DDRESS						IDENCE FARM? NO 2
3. NAME OF DECEASED (Type or print)	Fir MART		Middl ELLA		IRB	OROUGH		4. DATE OF DEATH	Mor	ch 3	Do	•	reor 19 59
s. sex female	6 COLOR OR RACE white	7. MARR	NEVER MARR	Happen	8. DA	TE OF BIRTH			9. AGE (In years lost birthday) 85 yrs.	IF UNDER	Doys	IF UNDE Hours	
10a USUAL OCCUPATIO		done 10b.			TRY	11. BIRTHPL		ar foreign c			TIZEN C		COUNTRY
13. FATHER'S NAME					14.	MOTHER'S		AME			0 4-		
Thomas Wick							ah DB	vids					
IS. WAS DECEASED EVER (Yes no. or unknown)	IN U. S. ARMED FOR 1 yes, give wor or datas of s		SOCIAL SECURITY NO			mant ern Sh	ore S	tate 1	Hospital	ress recol	rds		
	mediate (Co1	re for (a), (b), and (c)		318						ONS	ERVAL SET	TWEEN DEATH
PANT II. OTH Senile	ER SIGNIFICANT CON Paychosis UNDERLYING		CONTRIBUTING TO DI							VEN IN PAR	(T I(o) 1	PERFO	NO_D
		- 004 9	NJURY OCCURRED	20- 81-	ACE C	OF INJURY (H		ant sets					
ZOc. TIME OF INJURY Hour u.m. p.m.	19	While of wor	Not while	fac	dory,	street, office	bldg., etc.)	J Zor. (Giry	or town)	ľ	County)		(State)
21. I certify the alive on 122	at I attended the	deceas 182	. /		occ	urred at.	723	M, fran	n the causes of treet, city or town, Cambric	and an t	he da	te state	
BUVCICIANDE	nomas J. Di	cedge	,M.D.	0	, - w -						unde_i		
220. BURIAL, CREMATION REMOVAL (Specify) Burial		, 195	22c. NAME OF CEA 9 Union						TION (City, lown, ecil	or county)	Mar	(State ylar	_
23. FUNERAL DIRECTOR'S		Ev	ADDRESS Elkton,			, l	240. REC'D	9 '59		STRAR'S SU	GNATU	RE	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3093 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03081

Pan Dist No.

- 1								and the second second second	
	DORCHEST	ER	MARY	- 1	USUAL RESIDENCE (VO	Where deceased live	b COUNTY		
	b. CITY OR TOWN of and give records fown	autide cerporate limits, write #U	LIFE		R F D C	f outside corporate AMBRIDG		AL and give n	earest town)
/	d NAME OF HOSPIT.	D CAMBRI	it in hospital, give street oddres OGE	2)	HIL.S PO	INT			IS RE IDEN F
	3. NAME OF DECEASED (Type or print)	HOWARI	M ddle	S	EWARD	4 DATE OF DEATH	MARCH	Doy	17, 10 59
	5. SEX		MARRIED NEVER MARRIE		E OF B RTH		hand he was		IF UNDER 24 HRS
No.	ALE		DOWERT	-		TOOT	78" yrs Mor	oths Doys	Hours Min
	WATERMAN	ON (Give kind of wark done ig life, even if relired)	SEAFOOD	INDUSTRY 1	MARYLAND			USA.	F WHAT COUNTRYS
	13. FATHER'S NAME LEVIN	J. SEWARD		1.4	MARTHA J	171400	HALL		
	15. WAS DECEASED EV	ER IN U. S. ARMED FORCE (11 yes, give war or dates of servi		17 INFOR		HEATLEY	CAMBRID	GE M	ARYLAND.
	PART I. DEAT Canditions, if a gave rise to immedial, stating the cause last	IM WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ony, which diate cause underlying (c)	Coronary occ			The second second second	4 - 48-44	ONSE II	NABBEAN Stant
	S 200 EXTERNAL CAL	ISE WAS 1205 F	ONS CONTRIBUTING TO DEATH						PERFORMED?
	PRIMARY Or COL CAUSE OF DEATH. 20c TIME OF INJUI Hour a.m. p.m.		20d. INJURY OCCURRED 21 White Not white at work at work	0e PLACE Of factory, 1	F INJURY (Home, form treet, office bldg., etc	m, 20f (City or for	vn)	(County)	(State)
			the remains described ural causes (1) . Accid	-	_ `	y □, Inspec Homicide □,	tion 🔼, In Undetermin	nquiry [], ned monne	, and in my
	ACTUAL SIGNATURE	Jan	much	. M.C	CHIEF MEDICAL E				DATE SIGNED
	EXAMINER'S NAME (Type)	Dr. John M	ace Jr.		DEPUTY MEDICAL		3/19/	59	
1	220 BURIAL CREMAT C REMOVAL (Specify) BUR IAL	MAECH28)	220 NAME OF CEMET	3.700		22d LOCATION	City, town, or cou	unity)	(Stote)
1	LECOMPTE:	FUNERAL SE	HVICE ADD CAMBE	T 70 4 TO	MARD MID240 REC	AR 2 3 '59	20. HEISTRAN	TSPANT	Y.

4 should be VS A15ME 5M 2/57

5

The second secon



3094 **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived in Institution Residence before admission) o. COUNTY o. STATE b. COUNTY. Fled MARYLAND 24 2 2x erol b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate.Limits, write RURAL and give negrest town) RURA, and give nearest town), d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 70 YES NO C NAME OF First Middle 4. DATE Lost DECEASED OF DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DE B. DATE OF BIRTH 9. AGE (In years last birthdoy) tec Manths Days Hours WIDOWED [DIVORCED [cami 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) offending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ā PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned fb) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART H. OTHER SIGNIELCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES I NO M 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NUJURY OCCURRED. (Enter Joure of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) factory, street, affice bldg., etc.) Haur a.m. While Not while of work of work . 199 that I last saw the deceased 21. I certify that, I attended the deceased from and that death occurred at I.M. fram the causes and on the date stated above. OR: ADDRESS (Streete Gity ACTUAL SIGNATURE d O ď FUNERAL I PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) - REMOVAL (Specify) SURIAL 0 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g. REC'D 8Y REGISTRAR DATE MAR 1 9 '59 Orthun & Knows

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

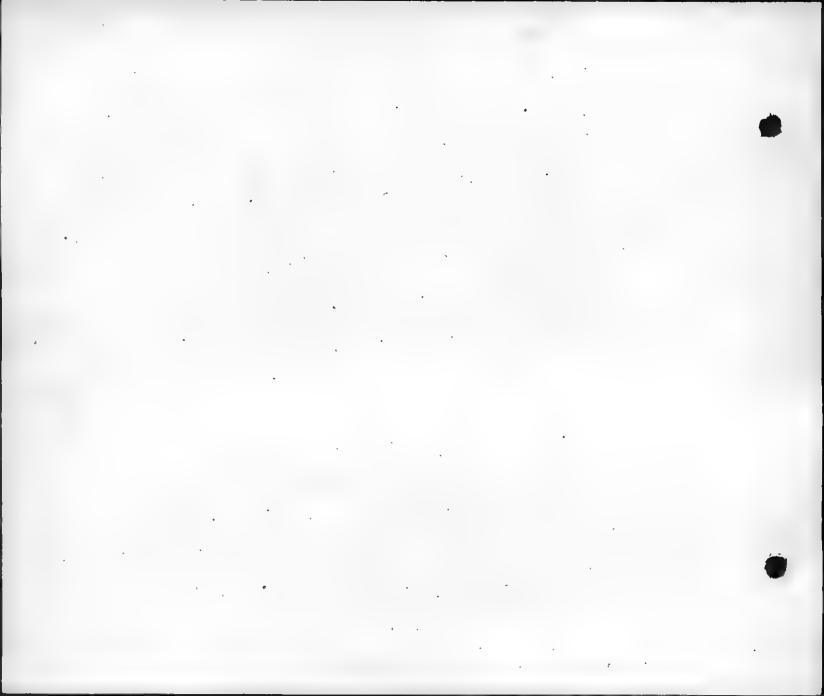
190

(State)

DATE SIGNED

(Stole)

death. within 24 hours VS A15 (4) I5M 9/58



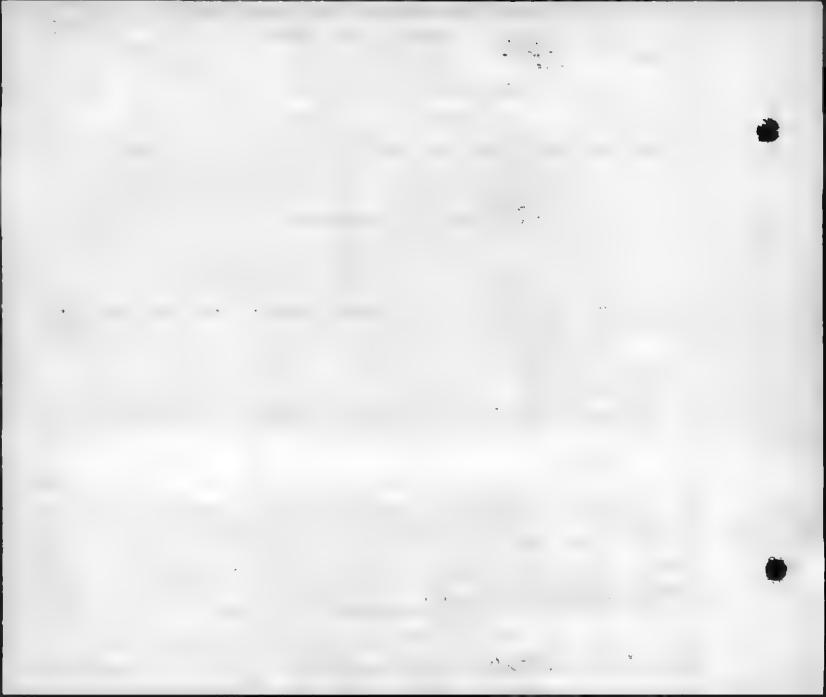
1

VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03084

_		3078	CERTIFIC	AIE OF DEAI	Н	Re	g. Dist. No).
١.	PLACE OF DEATH			2. USUAL RESIDENCE (M	Vhere deceased live		esidence befo	ore admission)
	a. COON11	Dorchester	MARYLAND		yland	P COUNTY	Dorche	ester
	b. CITY OR TOWN (IF RURAL and give neo	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporole	limits, write RURAL	ond give ne	arest town)
	Cambri	dge	Life	13 Camb	bridge			
	d. NAME OF HOSPITA	L (If not in hospital, give street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
_	Cambri	dge Maryland	<u> Hospital</u>	137	Washing	ton Str	reet	YES NO 🔯
3	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dr	ay Year
	(Type or print)	Josephine		Waters	OF DEATH	March		7
S.	SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9 A		INDER 1 YEAR	R IF UNDER 24 HRS
	Female	Negro widow		Nov. 26,	1881 7	77 yrs.		
100	during most of working	N (Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e or foreign country	ן א	2. CITIZEN C	DF WHAT COUNTRY?
	Housew	rife	Housewife		sterCo.,	_Md.	US	SA
13.	FATHER'S NAME			14 MOTHER'S MAIDEN				
_		ohn Farrow		Jo	osephine	Morri	LS	
15. Ye	s, no, or unknown)	IN U. S. ARMED FORCES? 16.		INFORMANT	_	Address		242
	No (None	Samuel Wate	ers. Jr.	, Cambr	ridge,	
		H [Enter only one couse per li H WAS CAUSED BY:					ON	ERVAL BETWEEN
	,	IMMEDIATE CAUSE (a)	Uremia					
	44.20,0	OT 3UD						
	Conditions, if ong	mediate						
	cottse (o), stating the lying couse lost.	on under: DUE TO						
z		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT PELATED TO THE TERM	MINAL DISEASE CO.	NOTION GIVEN II	N PAPT 1(a)	19 WAS AUTOPSY
ATIO		Arterioscle		t Disease	THE BROKENSE CO.		41 741 (64)	PERFORMED?
CERTIFICATION	20g. ACCIDENT WAS	UNDERLYING TT 206, DES	CRIBE HOW INJURY OCCURE		n Part I ar Part II of	f item 18.)		123 [] NO [A
CERI	OR CONTRIBUTING [CAUSE OF DEATH				Ť		
	20c. TIME OF INJURY	Month, Day, Year 20d, I	NJURY OCCURRED 20e I	PLACE OF INJURY (Home, for	rm, 20f. (City or to	own)	(County)	(Stote)
MEDICAL	Hour o.m.	Mhile of wor	Not white	actory, street, office bldg., e	rc.)		, , ,	
~		it I attended the deceas		OT 10 50 to 1	Monch 30	2 10 50 1		al I
	alive on Marc		J					
	Glise ou Trait		2.7, and that deal	h accurred at		e causes and city or town, state		ite stated abave. DATE SIGNED
	ACTUAL	Tulestas	suit .	M.D. 227 Pi			*	
	SIGNATURE	V.		_M.D	119-90-145	STEPS ACE	Series .	T4T4T22
	PHYSICIAN'S J	Edwin Fass	ett, M.D.					
72	BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or co	uniy)	(Stote)
	Burial	4/1/1959	Bethel Cem				Marvla	
23.	FLINERAL DIRECTOR'S	SIGNATURE /	ADDRESS		C'D BY REGISTRAR	24b. REGISTRA	R'S SIGNATU	IRE
1	urhessih	MINE	~ Cambridg	e. Md. DATE	APR 7 '59	O.t	thun S. A	Since



200		direc	ed .	1
eath.	may be retained the haspital or attending physician.	neral	page 3 shauld be detached far use as the burial-transit permit. Then please-earbon papers. Pages 1 and 2 : 1 be Pred	-
Her o		he fu	I	P
OL \$ 10		by t	d 2 s	
24 ho		ed in	10	
Did:		ly fill	Pages	
ĭ De		plete	ars.	
recul		Com	papa	eath.
ge eg		ond t	rbon	ter d
core		sicial	ve co	irs of
Sertet		3 phy	Semo	2 ho
u c		nding	450	Min 7
ne de		alle	en p	i wit
hor r		y the	Ĕ.	eve
ires		ned t	ermir	n any
redu	ë,	- Sign	nsit p	and i
MD 4	hysic	s bee	2l-tra	val,
: 1Pe	ing p	le ha	buric	remo
CIAN	ttend	ifica	s the	n, ar
112	07.0	is cer	use o	natio
<u> </u>	spital	er ih	For	, crer
	e ha	R: Aft	oched	burial
Y		Ö	Set.	r to k
Š	inec	DIR	A PI	orio.
Z Z	reto	RAL	shau	istror
SOF	g S	FUNE	oge 3	e reg
2	Ē	9	ď	=
1	SN	A15	1/5	7

				STATE DEPA		ENT OF H			TIMORE, 1	8	()	308	5
_		30'	13	CLAII						Reg. Dis			
1.	PLACE OF DEATH OCCUPANTES TER	5		MARY	LAND	o. STATE	YLAND	ere decada	d lived. If institution DONCHE		e before	admissio	in)
	CAMBRIDGE		s, write	C. LENGTH OF STAY YEAR S	IN 1b		TOWN (IF &		rote limits, write RU	JRAL ond g	IVE REQF	est town)	
	OR INSTITUTION NUT	llf not in hospitol, gi RSING HOME		oddress)		/d. STREET / 325	ADDRESS WILLIS	S ST.		-	e	ON A I	DENCE ARM? NO THE
3.	NAME OF DECEASED (Type or print)	ORVILLE	f	Middle J _e .	W	EBSTER	st	4. DATE OF DEATH	MARCI		Day	Ye 19	59
	SEX 6	COLOR OR RACE WHITE	7 MARE WIDOW	RIED NEVER MARRI			^{тн} 902		9 AGE (In years last birthday) 50 yrs.	Months	Days	Hours	24 HRS Min.
16	SALESMAN	(Give kind of work d life, even if retired)	one 10b.	LIFE INSU			MARYLA		ountry)	12 CITI	ZEN OF	WHAT (OUNTRY?
13	JOHN WEBST	TER				14 MOTHER'S	s maiden n A EW E I						
15. (Y	WAS DECEASED EVER IN	U. S. ARMED FORG IL. give war or dates of se		SOCIAL SECURITY NO 214 07 719		MRS N O	RMAN	SMITH	Addr [CAMBR]		MAR	YLAN	D
	PART I. DEATH Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which (b) ediate	CI	ne for (o), (b), and (c) EREBRA	-4	HEM ERT					INTE	TAND H	EAR
CERTIFICATION		5 (c)	OITIONS (CONTRIBUTING TO DE						EN IN PART	1(0) 19	PERFOR	UTOPSY MED? NO
	200 ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b DE5	CRIBE HOW INJURY O	CCURRE	(Enter noture o	of injury in F	ort Lor Por	t II of ilem 18.)		1_		
MEDICAL	20c TIME OF INJURY Hour e.m. p. m.	Month, Day, Yea 19	r 20d, II While of wor	NJURY OCCURRED Not while at work	20e PL/ fac	ICE OF INJURY I	lHome, form, e bldg., etc.	, 20F (City)	or town)	(C	ounly)		(Stote)
	21. I certify that alive on 2.3 ACTUAL SIGNATURE	MAR Halte	deceas ., 19.2		7	accurred at	7:45	M, from	AR, 195 m the causes a treet, city or lown, s	nd on th	e date	w the costates	lece ased abave re signer
	PHYSICIAN'S 10	ALTER	E.	. GUNB	YJ	R.	CA	ME	BRIDI	G-E		M	Ď
22	BURIAL CREMATION,	MARCH 26		59 DORCHE		CREMATORY MEN. P.	ARK		TION (City fown, o	r county)	AND	(Stote)	
	FUNERAL DIRECTOR'S SI ECOMPTE FUNE		CE	CAMBRIDGE	MAF	YLAND.	240. REC'U	0 BY REGIST		TRAR'S SIG	NATURI		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3080 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

03086

								Keg. U	HST. PHO	Ac.	
DORCHESTE	R		MARY	- 11	o. STATE MARYL			ORCHE			ission)
b. CITY OR TOWN (I and give nearest leave CAMBRID		RURAL	LIFE	N 1b	c. CITY OR TOWN (IF						wn)
d. NAME OF HOSPIT		lf nat in hos	pital, give street address)	d. STREET ADDRESS 0. IS REVON A 225 GOLDSBOUHH AVE						
3. NAME OF DECEASED (Type or print)	J HARRY	d	Middle	W	la: ILLEY	4. DATE OF DEATH	Mont MA	RCH	Day	27,1	reor 9 59
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRI	ED THEVER MARRIED DIVORCED	Daniel	ATE OF BIRTH DEC. 28, 18	91	9. AGE (In years tast birthday) 07 yrs.	IF UNDER Months	1YEAR Days		ER 24 HRS. Min.
CHAUFFER	ON (Give kind of working life, even if retired)	-	ORCHESTER C		MARYLAND	or foreign	country)	-	IZEN O	F WHAT	COUNTRY
	MES WILLE			1	4. MOTHER'S MAIDEN N EMMA	LECO:	MPTE				
15. WAS DECEASED EV	/ER IN U. S. ARMED FO (If yes, give wor or dates of	service]	NKNOWN		D STEVENS	CAM	Address BRIDGE	MARYI	AND		
	DUE TO		ONARY OCCI	LUSI	ON				ONSE	NS T	ATH
PART II. OTI	HER SIGNIFICANT CON	DITION'S CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR		9. WAS PERFO	AUTOPSY IRMED? NO 1
	NTRIBUTING	b. DESCRIBI	E HOW INJURY OCCUR	ED. (Ente	r nature of injury in Part	I or Port II	of item 18.)				
20c. TIME OF INJU	RY Month, Day, Yea	While		o. PLACE factory,	OF INJURY (Home, farm, street, office bldg., etc.)	20f. (Cit	y or lawn)	(Cou	unity)		(State)
ACTUAL SIGNATURE	fram: Natural	Causes R	remains described Accident ,	Suicio		AMINER [ER 🗆	ause 🔲	_	DATE S	find the
220. BURIAL CREMATIC BUREMPYAL (Specify			22c. NAME OF CEMETER		DEPUTY MEDICAL E	22d. LOCA	3/28 TION (City, Iown, of AMBRIDGE	or county)	YLAI	(Stote	D)
23. FUNERAL DIRECTOR LECOMPTE		VICE	ADDRESS CAMBRIDG	E	MARYLAHD.	BY REGIST	TRAR 24b, REGIS	STRAR'S SIC	SNATUR	RE	

VS. A15ME(5) SM 9/55

THE RESERVE AND THE PARTY OF TH Management of the Control of the Con .

Reg. Dist. No.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Tager

VS A15 1SM 9/

Page 1	1.	PLACE OF DEATH o. COUNTY Dorch	ester		MARYL	- 11	USUAL RESIL	land	ere deceased	lived. If institution b. COUNTY	on: Residence		
₽		b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY IN	i 16			utside corpoi	rote limits, write R	V = V = - V		
0		RURAL ond give ne			Life	- 1	Cambi	ridge					
no.		d. NAME OF HOSPIT	AL (if not in hospital, g	ive street			d. STREET A						RESIDENCE
00		104 Wa	shington	St		1	104 1	Washi	ngto	n St			N A FARM?
É	3.	NAME OF	Fir	st	Middle		Los	ŀ	4. DATE	Mon	th	Doy	Yeor
5		(Type or print)	Kyna			Wi	ngate		DEATH	March		30	19 59
6	5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.0	ATE OF BIRTH	Н		9. AGE (In years last birthday)			NDER 24 HRS.
:1)	F	Pemale	Negro	WIDOW	ED DIVORCED	o S	ept 10	0,195	69	yrs.	Months C	Days Ho	urs Min.
pope the	10a	. USUAL OCCUPATIO	ON (Give kind of work a sing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State	ar foreign co	untry)	12. CITIZ	EN OF W	HAT COUNTRY
death death		None	my me, even it remed	'	None		Car	mbrid	lge.	Md.	U	ISA	
0 %	13.	FATHER'S NAME				1	4. MOTHER'S		The state of the s				
		Leuis	Wingate				Chi	risti	ne F	isher			
haurs	15.	WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO				Addi	ress		
72 rer	1110	No	If yez, give war or dates of s	ecores!	None	Chr	istine	e Wir	ngate	, Cambr	idge,	Md.	
hin			TH [Enter only one co	use per li	ing for (o), (b), and (c).]							INTERVA	L BETWEEN
ā. '}		PART 1. DEA	TH WAS CAUSED BY:		Hudano	(= n	426	115				ONSET A	ND DEATH
l her		752x	DUE TO		my cocce -	1	1					CEC	-
- X		Canditions, if or	au which \										
8 8		gove rise to in	nmediate (-		-					
Z.= = 0		lying couse lost.	the Mudar-										
g d d d d d d d d d d d d d d d d d d d	Z		FER SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
bunat-frans remaval, ar	ATION							7				PE	RFORMED?
remaval	E S	20g. ACCIDENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OCC	URRED. (nter noture of	f injury in P	ort For Port	If of item 18.1		36.	<u>п «оп</u>
g d	CERT	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER							, , , , , , , , , , , , , , , , , , , ,			
	-	20c. TIME OF INJUR		or 20d F	NJURY OCCURRED 2	De. PLACE	OF INJURY (Home, form	20f (Ciby	or town!	10-	unty)	(Stote)
matian	MEDICA	Hour o.m.	19	While	Not while	foctory	, street, office	bldg., etc.	1	or rowing	(Co	iumy)	(siole)
Cren	2	p. m.		of wor	1/ 125	1		-	1/22	-			
-		21. I certify th	at lattended the	deceas		4	- 19	, to	736	1			he decease
burial		alive an	4.7.6	12_	19-, and that d	eath o	curred at			the causes o		e date s	tated abave
6 b		ACTUAL C	11. 7000	2	Wal	1				reet, city or town,	state)		DATE SIGNE
prig prig p		SIGNATURE			yeu	M.D		46	OCU	57			14/19
		PHYSICIAN'S	11/1/1/	4 -	12/0		/	Q			1		1 1 1 11
registrar pr		NAME (Type)	W. Fr Te	1 1	125			9C11	212-61	26E	Ma		
9 0	220	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMET					ION (City, town, o		-	(Stote)
The re	-	Burial	3/21/5	2	Waugh	Ceme	tery		Ca	mbridge	, Md.		
- W	23	FUNERAL DIRECTOR	S STONATURE	(1	ADDRESS			24a. REC'C	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	
(4) SS	1	ucusty	11/chila	K/C	ambridge,	Md.		DATE HED	9 7 '5	9 0	Thur &	Krupp.	
	-												

# 11/2 # # 12/10	HITTH EARLIAND OF INCHITE DE HATE ORAFFIAM
- di gir	HYASIS TO STADISTICATE OF DEATH
	Service of the servic
M. A. Velik	